

# REPORT FOR PROPERTY DAMAGE

*Required Field (\*)*

MEMBER NAME \_\_\_\_\_

\*PARISH/SCHOOL \_\_\_\_\_

\*ADDRESS \_\_\_\_\_

\*CITY \_\_\_\_\_ \*ZIP \_\_\_\_\_

\*PHONE NUMBER \_\_\_\_\_ EMAIL \_\_\_\_\_

\*PERSON REPORTING \_\_\_\_\_

\*DATE OF INCIDENT(mm/dd/yyyy) \_\_\_\_\_ DATE FORM COMPLETED (mm/dd/yyyy) \_\_\_\_\_

LOCATION OF DAMAGE \_\_\_\_\_

WERE PHOTOGRAPHS TAKEN? Yes No *(Please take photos for damage in excess of \$5,000)*

DESCRIBE INCIDENT

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POLICE REPORT NUMBER \_\_\_\_\_ *(If vandalism or theft, police must be notified)*

DESCRIBE BUIDLING AND/OR CONTENTS DAMAGE

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## SPECIAL INSTRUCTIONS

- Proceed with emergency repairs needed to prevent further damage.
- **Two estimates are required** for all non-emergency repairs unless prior approval is obtained from Catholic Mutual.

Send completed form to John Polkinghorn at [jpolkinghorn@sfcatholic.org](mailto:jpolkinghorn@sfcatholic.org) or fax to (605) 988-3723